

CHAPTER 148D

RESIDENT PHYSICIANS

Referred to in [§144.29A](#), [§147.76](#), [§708.3A](#)

Enforcement, §147.87, 147.92
Penalty, §147.86

148D.1	Definitions.	148D.3	through 148D.5	Repealed by 86
148D.2	Establishment.		Acts, ch 1245, §2053.	
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148D.1 Definitions.

As used in [this chapter](#) unless the context otherwise requires:

1. “*Affiliated*” means established or developed by the college of medicine.
2. “*College of medicine*” means the university of Iowa college of medicine.
3. “*Family practice unit*” means the community facility or classroom for the teaching of ambulatory health care skills within a residency program.
4. The “*medical profession*” means medical and osteopathic physicians.
5. “*Residency program*” means a community based family practice residency education program presently in existence or established under [this chapter](#).

[C75, 77, 79, §148C.1; C81, §148D.1]

[86 Acts, ch 1245, §2051](#); [2001 Acts, ch 74, §7](#)

148D.2 Establishment.

A statewide medical education system is established for the purpose of training resident physicians in family practice. The dean of the college of medicine is responsible for implementing the development and expansion of residency programs in cooperation with the medical profession, hospitals, and clinics located throughout the state. The head of the department of family practice in the college of medicine shall determine where affiliated residency programs shall be established, giving consideration to communities in the state where the population, hospital facilities, number of physicians and interest in medical education indicate the potential success of the residency programs. The medical education systems shall provide financial support for residents in training in accredited affiliated residency programs and shall establish positions for a director, assistant director, and other faculty in the programs. To assure continued growth, development, and academic essentials in ongoing programs, nonaffiliated residency programs which are accredited by a recognized national accrediting organization, shall be funded under [this chapter](#) at a level commensurate with the support of the affiliated residency programs having a comparable number of residents in training or, if there are no affiliated residency programs having a comparable number of residents in training, then a nonaffiliated program shall be funded in an amount determined on a pro rata capitation basis for each resident in training, equivalent to the per capita funding for each resident in training in an affiliated program having the nearest number of residents in training. As used in the preceding sentence, “*support*” means both cash grants and the value of service directly provided to affiliated residency programs by the college of medicine.

[C75, 77, 79, §148C.2; C81, §148D.2]

[88 Acts, ch 1134, §30](#)

148D.3 through 148D.5 Repealed by 86 Acts, ch 1245, §2053.

148D.6 Use of funds.

1. Moneys appropriated for the residency program shall be in addition to all the income of the state university of Iowa, and shall not be used to supplant funds for other programs under the administration of the college of medicine.

2. The allocation of state funds for a residency program shall not exceed fifty percent of the total cost of the program and shall be used for:

- a. The salaries of the director, assistant director and other faculty and auxiliary personnel on the community level.
 - b. The stipends for the residents in training.
 - c. The initial construction or remodeling of a facility which serves as a family practice unit within a residency program.
 - d. The purchase of equipment for use in the family practice unit.
 - e. Travel expenses for consultative visits by faculty.
3. No more than twenty percent of the appropriation for each fiscal year for affiliated programs shall be authorized for expenditures made in support of the faculty and staff of the college of medicine who are associated with the affiliated residency program.
4. No funds appropriated under [this chapter](#) shall be used to subsidize the cost of care incurred by patients.
5. Allocations for the renovation or construction of a family practice unit shall not exceed thirty-five thousand dollars per program.
- [C75, 77, 79, §148C.6; C81, §148D.6]